



ORIGINAL ARTICLE

## Outcomes Following Transoral Resection of Oropharyngeal Squamous Cell Carcinoma<sup>☆</sup>



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### KEYWORDS

Oropharyngeal carcinoma;  
CO<sub>2</sub> laser;  
Transoral surgery;  
Tonsil;  
Base of the tongue;  
Minimally invasive surgical techniques

### Abstract

**Introduction and objectives:** The aim of our study was to evaluate outcomes of a minimally invasive approach, using transoral surgery (TOS) as the primary treatment for oropharyngeal carcinoma.

**Methods:** We reviewed 43 previously untreated patients with oropharyngeal carcinoma, who were treated with TOS. Distribution of the primary tumor site was: tonsil (52%), soft palate (23%), base of the tongue (21%) and posterior wall (4%). Eight patients had a stage I disease, 9 had a stage II disease, 7 had a stage III disease, 16 had a stage IVA, and 3 had stage IVB disease. Eighteen patients underwent postoperative radiotherapy. Records of these patients were reviewed to obtain measures such as local and regional control, overall and disease-specific survival, and speech and swallowing function.

**Results:** The overall recurrence rate was 44%, and the local recurrence rate was 18%. The 5-year overall survival and disease-specific survival rates were 55% and 66%, respectively. Five-year disease-specific survival rates by site were as follows: 100%, 85%, 44%, and 30% for posterior wall, tonsil, soft palate and base of the tongue, respectively. Five-year estimates for local control were 100%, 90%, and 0% for palate, tonsil and for base of the tongue tumors, respectively. All of the patients preserved the larynx and life without tracheotomy and oral alimentation was successful without feeding tube.

**Conclusion:** TOS as the primary treatment approach offers a surgical alternative for treatment of the primary oropharyngeal tumor, in the era of chemoradiation therapy. This approach confers a good local control and functional outcomes.

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**PALABRAS CLAVE**

Carcinoma de orofaringe;  
 LÁSER CO<sub>2</sub>;  
 Cirugía transoral;  
 Amígdala;  
 Base de la lengua;  
 Cirugía mínimamente invasiva

**Resultados del tratamiento de los carcinomas epidermoides orofaríngeos mediante cirugía transoral****Resumen**

*Introducción y Objetivos:* Los carcinomas de orofaringe son neoplasias agresivas habitualmente diagnosticadas en estadios avanzados. El objetivo de este estudio es exponer los resultados oncológicos y funcionales del tratamiento de estos tumores mediante resección quirúrgica transoral (RTO).

*Métodos:* Se realizó un estudio retrospectivo en 43 pacientes con carcinoma epidermoide de orofaringe tratados mediante RTO. En el 52% de los casos el tumor se originaba en la región amigdalina, en el 23% en el paladar blando, en el 21% en la base de la lengua y en el 4% en la pared posterior. Ocho casos se clasificaron como estadio I, 9 como estadio II, 7 como estadio III, 16 como estadio IVA y 3 como estadio IVB. Dieciocho pacientes recibieron radioterapia postoperatoria. Se revisaron las historias de estos pacientes para obtener información en cuanto a control local y regional, supervivencia total y específica de la enfermedad, y función fonatoria y deglutoria.

*Resultados:* La tasa global de recidivas fue del 44%, siendo la tasa de recidivas locales del 18%. La supervivencia global y específica a los 5 años fue del 55% y 66%, respectivamente. Las tasas de supervivencia específica a los 5 años según la localización tumoral fueron del 100%, 85%, 44%, y 30% para la pared posterior, amígdala, paladar blando y base de la lengua. El control local a los 5 años fue del 100%, 90%, y 0% para el paladar, amígdala y base de la lengua, respectivamente. En todos los casos se preservó la laringe, y los pacientes no requirieron traqueotomía definitiva y reanudaron la alimentación oral.

*Conclusiones:* La RTO es una alternativa terapéutica eficaz para el tratamiento primario de los carcinomas de orofaringe, obteniendo unos resultados oncológicos y funcionales favorables.

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**Introduction**

Oropharyngeal squamous cell carcinoma (OPSCC) represents 15% of all head and neck cancers.<sup>1-3</sup> The gold standard of treatment of these lesions remains unclear, with many treatment options, both surgical and nonsurgical approaches, supported by published experiences with no randomized trials.<sup>4,5</sup> In early stages (stages I and II), the oncological results are similar after surgery or radiotherapy (RT) with anatomic and functional preservation.<sup>1,4</sup> Two accepted oncological treatments have been currently established in advanced stages: surgical resection with or without postoperative (chemo) RT, and nonsurgical or organ preserving therapies, which utilize combinations of chemotherapy and RT. However, long-term follow-up studies have failed to demonstrate superior survival rates for each strategy. Furthermore, (chemo) RT is associated with a high rate of severe acute toxicities in the majority of patients,<sup>6</sup> late swallowing dysfunction,<sup>7,8</sup> and a mortality rate.<sup>6</sup>

Surgical strategies for patients with OPSCC continue to evolve. In the past, conventional surgical intervention for advanced OPSCC has been open surgery to the pharynx. With this approach, survivorship has been modest.<sup>9</sup> Minimally invasive surgical techniques including transoral robotic surgery (TORS) and transoral surgery (TOS) are less invasive and offer impressive functional and oncologic outcomes.<sup>10,11</sup> As experience with TOS increases, its value in managing OPSCC is becoming more apparent.<sup>12</sup> However

detractors of TORS suggest that this technique is not currently available in all centers and the cost and availability of other minimally invasive approaches may obviate the need for robot-assisted approaches.<sup>13</sup>

To clarify the effectiveness of TOS as a primary surgery modality, in this study, we examine our result with the use of TOS with or without neck dissection and with or without adjuvant (chemo) RT in the treatment of OPSCC, and we describe the functional and oncological results of the procedure, comparing our results with other reports.

**Methods**

Between January 1999 and November 2009, 43 previously untreated patients with OPSCC (including the tonsil, tongue base, soft palate and pharyngeal wall) underwent surgery at our Department. Exclusion criteria included prior diagnostic tonsillectomy, tumors resected with an associated transcervical approach, as well as patients who developed recurrence after RT. Written informed consent was obtained from each patient.

All patients who underwent a surgical procedure were carefully evaluated before operation. In all cases the treatment choices were discussed at the regular institutional head and neck multidisciplinary meeting. The decision to proceed with a surgical rather than a nonsurgical treatment option was a joint one between both patient and clinician.

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